STATE OF ALASKA DECLARATION OF CANDIDACY FOR RETENTION COURT OF APPEALS

	<u> </u>								
Please check: My \$100 fil	ing fee accompanies	this <i>Declaratio</i>	n of Candida	асу					
Please check one: My Public Officials Financial Disclosure Statement is (1) Enclosed OR (2) On file with the Alaska Public Offices Commission. Note : Candidates who select option 2 are encouraged to contact APOC to ensure they have a <u>current Public Officials Financial Disclosure Statement on file with APOC</u> .									
					<u></u>				
GENERAL INFO	ORMATION (Pleas	se print or tv	ne)						
I,, declare that I am a candidate for retention to the office of: JUDGE IN THE COURT OF APPEALS. I request that my name be placed on the November 2, 2010 General Election ballot.									
					CONTACT INFORMATION				
Mailing address and contact phone number for	Candidate to be list	ed on the Div	ision of Elec	ction's web site:					
(Mailing Address)	(City)	(State)	(Zip)	(Phone Number)					
I request that my name appear on the G	eneral Election b	pallot in the	following	manner:					
Toques and my name appear on an									
(Last Name)	(First Name)	(MI)	(*Nickr	name and/or Suffix)					
*The Director of Elections may not include on the ballot	as part of candidate's na	me, any honora	ry or assumed	title or prefix but may					
include in the candidate's name any nickname or familia	r form of a proper name	or the candidate	e. [AS 15.15.0.	30(4)]					
	CERTIFICATION								
I, the undersigned, certify that the information in t		ndidacy is true	and comple	te, and that I meet the					
specific requirements of this office. I also acknow									
must be received by the Director of Elections in wr	iting over my signatur	e at least 40 u	ays before tr	ie election.					
Subscribed and sworn to before me this	(Candidate's Signa	iture)							
day of, 20	(Ganalaate e Gigine								
(Signature of Notary Public)	(Home Phone)		(Work Phon	e)					
My commission expires:	To assist staff i	n verifying can	ididate/voter	identification					
ту селинован ехрисс.		To assist staff in verifying candidate/voter identification, please provide one of the following:							
	SSN. ADL. Vot	er#orDOB:							
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NOTARY SEAL									
				A27 (1/21/09)					
I .				MEI (1/21/09)					